

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

Office: 410.767.7871 Fax: 410.333.8408

CHILD I LACEMENT AGENCY REPORT						
Provider Organization: Arc of North	hern Ches	sapeake R	egion, Inc			
Licensing Agency: DHS			Contracting Agency(s): DHS			
Name of Chief Administrator: Shawn	Kros, LC	SW-C	Ema	il: <u>SKros@arcnc</u>	r.org	
License Type: Treatment Foster Care			Type of Inspection: Quarterly			
Name and Address of CPA Office		License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Arc Northern Chesapeake 4513 Philadelphia Road Aberdeen, MD 21001		Un- Limited	30	23	#00186 12/18/18	9/11/18 & 9/14/18
	<u>Ir</u>	spection S	Summary			
Number of Records Reviewed: Youth <u>0</u> Staff <u>0</u> Foster Parent <u>0</u> Adoptive Parent <u>NA</u>						
Number of Interviews: Youth 3 Staff 4 Foster Parent 2						
CPA Office Inspection: Approved						
Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 1						
Current COMAR Violation: Yes	<u>X</u> No _					
If Yes, list Cited Violation(s) below:						
Violation(s)	Findings					
07.02.21.04 A	At least one case manager has a caseload greater than ten.					
07.05.02.10 D (1) & (2)	The sleeping quarters that is occupied by a foster youth is not private, and it does not have storage for clothing.					
07.02.21.04 A	All staff reported that they have never received an annual evaluation, and they are not aware of the process on how they are assessed on their work performance.					
Corrective Action Plan: Yes X No)		If yes	, date of CAP:		
Any Violations During Mid or Re-Licer If Yes See Report (s) Date(s):	nsure Peri	iods:	Yes N	No <u>X</u> N/A_X_		
Complaint Outcome:		Ν	NA			
Current Status of License: Continued						
Licensing Coordinator: Tina Bullock	Date:	10/1/18	Email	l: tina.bullock@m	aryland.gov	
Program Manager: Richard Berger	Date:	10/1/18	Email	l: richard.berger@	maryland.gov	<u>/</u>